

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

Benjamin Heston
Bar Number: 297798
Nexus Bankruptcy
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Newport Beach, CA 92660
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Email: ben@nexusbk.com

FOR COURT USE ONLY

☐ Debtor(s) appearing without an attorney

☒ Attorney for Debtor(s)

**United States Bankruptcy Court
Central District of California - Riverside Division**

In re:
Brittany Moore

Ryan Moore

CASE NO.: 6:22-bk-13671-WJ

CHAPTER: Chapter 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 10/13/2022 Brittany Moore
Printed name of Debtor 1

Brittany Moore
Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☒ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. (If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)

☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 10/13/2022 Ryan Moore
Printed name of Debtor 2

Ryan Moore
Signature of Debtor 2

CALIFORNIA FAMILY LIFE CENTER PO Box 727 Hemet CA 92546		A790-7874 ORG1:3 231 Hemet Ra nch EE ID: 101250 DD	
BRITTANY MOORE 29662 EASTBANK DR. MENIFEE CA 92585		NON-NEGOTIABLE	

PERSONAL AND CHECK INFORMATION Brittany Moore 29662 Eastbank Dr. Menifee, CA 92585 Soc Sec #: xxx-xx-xxxx Employee ID: 101250 Home Department: 3 231 Hemet Ranch Pay Period: 09/01/22 to 09/15/22 Check Date: 09/22/22 Check #: 18753 NET PAY ALLOCATIONS <table border="0"> <tr> <td>DESCRIPTION</td> <td>THIS PERIOD (\$)</td> <td>YTD (\$)</td> </tr> <tr> <td>Check Amount</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>Chkg 704</td> <td>3634.03</td> <td>7311.37</td> </tr> <tr> <td>NET PAY</td> <td>3634.03</td> <td>7311.37</td> </tr> </table> TIME OFF (Based on Policy Year) <table border="0"> <tr> <td>DESCRIPTION</td> <td>AMT TAKEN</td> <td>TOTAL BAL</td> </tr> <tr> <td>PTO3</td> <td>0.00 hrs</td> <td>10.00 hrs</td> </tr> </table>			DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	Check Amount	0.00	0.00	Chkg 704	3634.03	7311.37	NET PAY	3634.03	7311.37	DESCRIPTION	AMT TAKEN	TOTAL BAL	PTO3	0.00 hrs	10.00 hrs	<table border="0"> <tr> <td>EARNINGS</td> <td>BASIS OF PAY</td> <td>DESCRIPTION</td> <td>HRS/UNITS</td> <td>RATE THIS PERIOD (\$)</td> <td>YTD HOURS</td> <td>YTD (\$)</td> </tr> <tr> <td></td> <td></td> <td>Salary</td> <td></td> <td>4333.34</td> <td></td> <td>8666.68</td> </tr> <tr> <td></td> <td></td> <td>Holiday</td> <td>M8.00</td> <td></td> <td>M8.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Total Hours</td> <td>8.00</td> <td></td> <td>8.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Gross Earnings</td> <td></td> <td>4333.34</td> <td></td> <td>8666.68</td> </tr> <tr> <td></td> <td></td> <td>Total Hrs Worked</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Cell Phone Reimb</td> <td></td> <td></td> <td></td> <td>25.00</td> </tr> <tr> <td></td> <td></td> <td>REIMB & OTHER PAYMENTS</td> <td></td> <td></td> <td></td> <td>25.00</td> </tr> <tr> <td>WITHHOLDIN</td> <td>DESCRIPTION</td> <td>FILING STATUS</td> <td></td> <td>THIS PERIOD (\$)</td> <td></td> <td>YTD (\$)</td> </tr> <tr> <td>GS</td> <td>Social Security</td> <td></td> <td></td> <td>267.88</td> <td></td> <td>536.55</td> </tr> <tr> <td></td> <td>Medicare</td> <td></td> <td></td> <td>62.65</td> <td></td> <td>125.48</td> </tr> <tr> <td></td> <td>Fed Income Tax</td> <td>J</td> <td></td> <td>38.53</td> <td></td> <td>78.58</td> </tr> <tr> <td></td> <td>CA Income Tax</td> <td>SMI2 0 4</td> <td></td> <td>260.49</td> <td></td> <td>522.27</td> </tr> <tr> <td></td> <td>CA Disability</td> <td></td> <td></td> <td>47.53</td> <td></td> <td>95.20</td> </tr> <tr> <td></td> <td>TOTAL</td> <td></td> <td></td> <td>677.08</td> <td></td> <td>1358.08</td> </tr> <tr> <td>DEDUCTION</td> <td>DESCRIPTION</td> <td></td> <td></td> <td>THIS PERIOD (\$)</td> <td></td> <td>YTD (\$)</td> </tr> <tr> <td></td> <td>Medical</td> <td></td> <td></td> <td>12.67</td> <td></td> <td>12.67</td> </tr> <tr> <td></td> <td>Principal Post-</td> <td></td> <td></td> <td>9.56</td> <td></td> <td>9.56</td> </tr> <tr> <td></td> <td>TOTAL</td> <td></td> <td></td> <td>22.23</td> <td></td> <td>22.23</td> </tr> </table>	EARNINGS	BASIS OF PAY	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)			Salary		4333.34		8666.68			Holiday	M8.00		M8.00				Total Hours	8.00		8.00				Gross Earnings		4333.34		8666.68			Total Hrs Worked							Cell Phone Reimb				25.00			REIMB & OTHER PAYMENTS				25.00	WITHHOLDIN	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)	GS	Social Security			267.88		536.55		Medicare			62.65		125.48		Fed Income Tax	J		38.53		78.58		CA Income Tax	SMI2 0 4		260.49		522.27		CA Disability			47.53		95.20		TOTAL			677.08		1358.08	DEDUCTION	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)		Medical			12.67		12.67		Principal Post-			9.56		9.56		TOTAL			22.23		22.23
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NET PAY	THIS PERIOD (\$)	YTD (\$)
	3634.03	7311.37

Payrolls by Paychex, Inc.

0942 A790-7874 California Family Life Center • PO Box 727 • Hemet CA 92546 • (951) 765-6955



Sharp HealthCare 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-8300

Name	Company	Employee ID	Base Pay	Pay Period Begin	Pay Period End	Check Date	Check Number
Brittany Moore	Sharp HealthCare	462151	46.36	07/24/2022	08/06/2022	08/12/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	56.00	3,576.36	215.50	486.99	16.74	2,857.13
YTD	980.50	61,094.06	3,448.00	8,548.91	267.84	48,829.31

Earnings							Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount	YTD
DOUBLETIME			0		5.5	532.31	OASDI	208.47	3,575.58
EVENING SHIFT			0		11.75	32.32	Medicare	48.76	836.23
FAMILY LOA/ILL			0		31.39	1,464.39	Federal Withholding	0.00	147.82
HOLIDAY PAY			0		23.75	1,651.58	State Tax - CA	192.79	3,355.17
NO MEAL			0		4	202.22	CA SDI - CASDI	36.97	634.11
OVERTIME			0		21	1,503.45			
SPSL			0		79	3,662.44			
TRAINING - DT			0		1.75	169.32			
NIGHT SHIFT	07/24/22 - 07/30/22	23.5	4.25	99.88					
PAID TIME OFF	07/24/22 - 07/30/22	3.5	46.36	162.26					
REGULAR	07/24/22 - 07/30/22	23.5	46.36	1,089.46					
TRAINING - REG	07/24/22 - 07/30/22	8.5	46.36	394.06	8.75	405.65			
EXT SICK	07/31/22 - 08/06/22	8.6	50.61	435.25	14.73	834.63			
NIGHT SHIFT	07/31/22 - 08/06/22	24	4.25	102.00	958.25	4,072.67			
PAID TIME OFF	07/31/22 - 08/06/22	3.9	46.36	180.81	84.63	3,923.47			
REGULAR	07/31/22 - 08/06/22	24	46.36	1,112.64	919.75	42,639.61			
Earnings				3,576.36		61,094.06	Employee Taxes	486.99	8,548.91

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
Ee - Premium Dental	30.00	480.00	Ee - Parking	2.50	40.00
Ee - Premium HMO	185.50	2,968.00	Ee - Spouse Life	7.82	125.12
			Ee - Supp Life Ins	6.42	102.72
Pre Tax Deductions	215.50	3,448.00	Post Tax Deductions	16.74	267.84

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
IMPUTED LIFE	1.54	24.64	OASDI - Taxable Wages	3,362.40	57,670.70
			Medicare - Taxable Wages	3,362.40	57,670.70
			Federal Withholding - Taxable Wages	3,362.40	57,670.70
Employer Paid Benefits	1.54	24.64	State Tax Taxable Wages - CA	3,362.40	57,670.70

Federal			State			Absence Plans			
Marital Status	Married filing jointly (or Qualifying widow(er))	Single or Married (with two or more incomes)				Description	Accrued	Reduced	Available
Allowances	0	1				ESI	2.15	8.6	2.15
Additional Withholding	0	0				PTO	7.69	7.4	52.79
						SPSL	0	0	1

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
SCHOOLSFIRST FED CREDIT UNION	Checking	*****4704		2,857.13 USD



Sharp HealthCare 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-8300

Name	Company	Employee ID	Base Pay	Pay Period Begin	Pay Period End	Check Date	Check Number
Brittany Moore	Sharp HealthCare	462151	46.36	08/07/2022	08/20/2022	08/26/2022	

	Hours Worked	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	54.00	3,567.43	215.50	485.29	16.74	2,849.90
YTD	1,034.50	64,661.49	3,663.50	9,034.20	284.58	51,679.21

Earnings						Employee Taxes		
Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount	Description	Amount
DOUBLETIME			0		5.5	532.31	OASDI	207.92
EVENING SHIFT			0		11.75	32.32	Medicare	48.62
EXT SICK			0		14.73	834.63	Federal Withholding	0.00
FAMILY LOA/ILL			0		31.39	1,464.39	State Tax - CA	191.88
HOLIDAY PAY			0		23.75	1,651.58	CA SDI - CASDI	36.87
NO MEAL			0		4	202.22		
OVERTIME			0		21	1,503.45		
SPSL			0		79	3,662.44		
TRAINING - DT			0		1.75	169.32		
TRAINING - REG			0		8.75	405.65		
NIGHT SHIFT	08/07/22 - 08/13/22	32.5	4.25	138.13				
PAID TIME OFF	08/07/22 - 08/13/22	3.5	46.36	162.26				
REGULAR	08/07/22 - 08/13/22	32.5	46.36	1,506.70				
NIGHT SHIFT	08/14/22 - 08/20/22	21.5	4.25	91.38	1012.25	4,302.18		
PAID TIME OFF	08/14/22 - 08/20/22	14.5	46.36	672.22	102.63	4,757.95		
REGULAR	08/14/22 - 08/20/22	21.5	46.36	996.74	973.75	45,143.05		
Earnings				3,567.43		64,661.49	Employee Taxes	485.29
								9,034.20

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
Ee - Premium Dental	30.00	510.00	Ee - Parking	2.50	42.50
Ee - Premium HMO	185.50	3,153.50	Ee - Spouse Life	7.82	132.94
			Ee - Supp Life Ins	6.42	109.14
Pre Tax Deductions	215.50	3,663.50	Post Tax Deductions	16.74	284.58

Employer Paid Benefits			Taxable Wages		
Description	Amount	YTD	Description	Amount	YTD
IMPUTED LIFE	1.54	26.18	OASDI - Taxable Wages	3,353.47	61,024.17
			Medicare - Taxable Wages	3,353.47	61,024.17
			Federal Withholding - Taxable Wages	3,353.47	61,024.17
Employer Paid Benefits	1.54	26.18	State Tax Taxable Wages - CA	3,353.47	61,024.17

		Federal	State	Absence Plans			
Marital Status	Married filing jointly (or Qualifying widow(er))	Single or Married (with two or more incomes)		Description	Accrued	Reduced	Available
Allowances	0	1		ESI	2.15	0	4.3
Additional Withholding	0	0		PTO	7.69	18	42.48
				SPSL	0	0	1

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
"SCHOOLSFIRST FED CREDIT UNION"	Checking	*****4704		2,849.90 USD

Earnings



Selected Check	Year-to-Date
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Gross Earnings

Net Pay \$0.00

Payment Date 08/05/2022

Pay Begin Date 07/25/2022

Pay End Date 07/31/2022

AA

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View Paycheck



GMRI, Inc.

Ryan Moore

Restaurant Hourly Employee

Earnings \$330.15

Taxes \$143.84

Deductions \$32.64

Net Pay \$153.67

Payment Date 09/09/2022

Pay Begin Date 08/29/2022

Pay End Date 09/04/2022

Earnings



Taxes



Before-Tax Deductions



After-Tax Deductions



Net Pay Distribution



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GMRI, Inc.

Ryan Moore

Restaurant Hourly Employee

Earnings \$88.50

Taxes \$39.85

Deductions \$13.46

Net Pay \$35.19

Payment Date 09/02/2022

Pay Begin Date 08/22/2022

Pay End Date 08/28/2022

Earnings



Taxes



Before-Tax Deductions



After-Tax Deductions



Net Pay Distribution



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GMRI, Inc.

Ryan Moore

Restaurant Hourly Employee

Earnings \$408.90

Taxes \$195.07

Deductions \$40.62

Net Pay \$173.21

Payment Date 09/16/2022

Pay Begin Date 09/05/2022

Pay End Date 09/11/2022

Earnings



Taxes



Before-Tax Deductions



After-Tax Deductions



Net Pay Distribution



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GMRI, Inc.

Ryan Moore

Restaurant Hourly Employee

Earnings \$164.25

Taxes \$80.43

Deductions \$21.84

Net Pay \$61.98

Payment Date 09/23/2022

Pay Begin Date 09/12/2022

Pay End Date 09/18/2022

Earnings



Taxes



Before-Tax Deductions



After-Tax Deductions



Net Pay Distribution



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